

Interview Date:	Processing Time: :HR :MIN
Approval:	Action Taken:
Interviewer:	Computer Entry:

PRE-COMPLAINT QUESTIONNAIRE - HOUSING

The information requested on this form will help us to help you. There is no guarantee that the information submitted will constitute a basis for filing a formal complaint. Please check or answer only those questions that apply.

PLEASE PRINT DATE

NAME (First) (Middle) (Last)			SEX ? FEMALE ? MALE	AGE
ADDRESS (Number and Street) (Apt. #) (City) (County) (ZIP Code)				
TELEPHONE NUMBERS AND AREA CODES HOME ( )		(Ext.)	DO YOU PREFER TO BE CONTACTED AT: ? HOME ? WORK	
WORK ( )			PREFERRED TIME	PREFERRED DAYS
NAME OF PERSON TO CONTACT IF YOU CANNOT BE REACHED TELEPHONE NUMBER ( )				

LIST THE NAMES AND TELEPHONE NUMBERS OF OTHER ADULTS WHO SOUGHT THE HOUSING WITH YOU:

NAME	HOME TELEPHONE	WORK TELEPHONE
	( )	( )
	( )	( )

LIST THE NAMES AND AGES OF CHILDREN WHO SOUGHT THE HOUSING WITH YOU:

NAME	AGE	NAME	AGE

1. I WISH TO COMPLAIN AGAINST: (check one or more of the following)

? OWNER ? MANAGER ? DEVELOPER ? MANAGEMENT ? REAL ESTATE ? LENDING ? OTHER \_\_\_\_\_  
COMPANY AGENT/BROKER INSTITUTION (Please specify)

NAME	TITLE	TELEPHONE NUMBER ( )
ADDRESS (Number and Street) (City) (County) (Zip Code)		
OTHERS		TELEPHONE NUMBER ( )
ADDRESS (Number and Street) (City) (County) (Zip Code)		

TYPE OF PROPERTY ? SINGLE HOME ? APARTMENT ? OTHER (Specify) _____	NUMBER OF UNITS AT LOCATION _____
NAME OF PROPERTY (If Applicable)	

2. I BELIEVE I WAS DISCRIMINATED AGAINST BECAUSE OF MY:

? RACE ? COLOR ? SEX ? SEXUAL ? MARITAL ? SOURCE ? FAMILIAL STATUS ? OTHER  
ORIENTATION STATUS OF INCOME (Children) \_\_\_\_\_

? RELIGION \_\_\_\_\_ ? DISABILITY \_\_\_\_\_ ? NATIONAL ORIGIN/ANCESTRY \_\_\_\_\_  
(Please specify) (Please specify) (Please specify)

DISCRIMINATORY ACTION

? RENTAL/LEASE DENIED ? SALES/FINANCE DENIED ? EVICTION ? TERMS AND CONDITIONS

? OTHER (Please specify) \_\_\_\_\_

(How did you first know of the vacancy?)

? POSTED SIGN ? RENTAL AGENCY \_\_\_\_\_  
(Please specify)

*(What were the terms?)*

*(Enclose copy of deposit receipt)*

PARKING INCLUDED?                   ?                   ?

(List any pets)

(Application completed?)

DATE DENIED

TITLE

? YES ? NO (If "YES," specify type) \_\_\_\_\_ (Enclose copy if possible)

DATE OF INITIAL NOTICE	DATE REQUIRED TO VACATE	HAVE YOU BEEN SERVED A NOTICE OF UNLAWFUL DETAINER? ? YES      ? NO	DATE OF NOTICE	COURT DATE
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(Do you know of others who have been evicted? If so, please list.)

TELEPHONE NUMBER

( )

## WORK TELEPHONE NUMBER

( )

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7. WHAT INFORMATION DO YOU HAVE TO INDICATE THAT YOU WERE TREATED DIFFERENTLY THAN OTHER TENANTS/APPLICANTS?

(Use extra sheets if necessary.)

8. IF AN INVESTIGATION PROVES YOU WERE DISCRIMINATED AGAINST, WHAT REMEDY ARE YOU SEEKING?

9. OTHER ACTIONS

(Have you filed with:)

UNITED STATE DEPARTMENT OF HOUSING

AND URBAN DEVELOPMENT?

? YES

? NO

ANY OTHER AGENCY OR GROUP?

? YES\*

? NO

\*(If "YES," give)

NAME

TELEPHONE NUMBER

( )

ADDRESS

(Number and Street)

(City)

(Zip Code)

CONTACT PERSON

WHAT HAS THIS PERSON DONE FOR YOU ON THIS PROBLEM?

(Do you plan to take this matter to court?)

? YES

? NO

? UNDECIDED

(Are you represented by an attorney in this matter?)

? YES

? NO

NAME OF ATTORNEY

TELEPHONE NUMBER

( )

ADDRESS

(Number and Street)

(City)

(Zip Code)

10. I LEARNED ABOUT THE DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING FROM: (Be specific)

11. PERSONAL DATA:

RACE/ETHNICITY (Check box that best describes) ? Native American ? Asian/Pacific Islander (specify) \_\_\_\_\_

? African-American ? African – Other ? Caucasian (non-Hispanic) ? Hispanic (specify) \_\_\_\_\_

PRIMARY LANGUAGE

\_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(The Federal Privacy Act of 1974 prohibits a state government agency from requiring disclosure of an individual's Social Security Number. Disclosure of your Social Security Number is voluntary.)

DATE OF BIRTH

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

SEX:

? Male

? Female

EMPLOYED BY

JOB TITLE

LENGTH OF TIME WITH EMPLOYER

MONTHLY INCOME

OTHER INCOME

DO NOT WRITE IN THIS AREA  
INTERVIEWER'S NOTES

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Complainant's assertions:

What does Complainant say will be the Respondent's position?

Comparative data/relevant information:

Complaint taken for investigation: Yes \_\_\_\_ No \_\_\_\_

If taken, additional remedy information:

If not taken, rationale:

Complainant advised of statute of limitations? Yes \_\_\_\_ No \_\_\_\_  
Complainant advised of other agencies? Yes \_\_\_\_ No \_\_\_\_

Date statute runs: \_\_\_\_\_

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DFEH CODE: LAW \_\_\_\_ BASIS \_\_\_\_ ACT \_\_\_\_ REJECT \_\_\_\_ PUBLIC \_\_\_\_

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